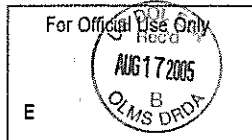


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9162</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JACK</u> <u>FERRARA</u> P.O. Box, Bldg., Room No., if any <u>SUITE 400</u> Street <u>501 SHATTO PLACE</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>	4. Name, file number, and address of labor organization. Name <u>SO. CALIF. PIPE TRADES DISTRICT COUNCIL 16</u> Labor Organization File Number <u>039-835</u> P.O. Box, Building and Room Number, if any <u>SUITE 400</u> Street <u>501 SHATTO PLACE</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>
5. Position in labor organization. <u>DIRECTOR OF SERVICE DEPARTMENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jack Ferrara</u>	On <u>8.9.05</u> Date	<u>818-389-7332</u> Telephone Number

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>APPRENTICE &amp; JOURNEYMEN TRAINING TRUST FUND</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>18931 LAUREL PARK RD</b> City <b>COMPTON</b> State <b>CA</b> ZIP Code + 4 <b>90220</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>MEETING RE: BAKERSFIELD TRAINING PROGRAM</b> </div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>BUSINESS LUNCH</b> </div> 12.b. Amount. <b>\$56.00</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>JOINT JOURNEMEN + APPRENTICE TRUST</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2220 SOUTH HILL STREET</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90007</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>LABOR TRUSTEE - ATTENDANCE AT CALIFORNIA APPRENTICESHIP CONFERENCE</b></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>EXPENSE REIMBURSEMENT FOR CONFERENCE</b></p>
	<p>12.b. Amount. <b>\$700</b></p>

<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>JOINT JOURNEMEN + APPRENTICE TRUST</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>2220 SOUTH HILL STREET</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90007</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><b>LABOR TRUSTEE - ATTENDANCE AT INTERNATIONAL TRAINING FUND IN FLORIDA</b></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><b>EXPENSE REIMBURSEMENT FOR CONFERENCE.</b></p> <p>12.b. Amount. <b>\$1,600</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>JOINT JOURNEYMEN &amp; APPRENTICE TRUST</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>2220 SOUTH HILL STREET</b> City <b>LOS ANGELES</b> State <b>CA</b> ZIP Code + 4 <b>90007</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>LABOR TRUSTEE— ATTENDANCE AT CALIFORNIA APPRENTICESHIP CONFERENCE, SAN DIEGO, CA</b> </div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>EXPENSE REIMBURSEMENT FOR CONFERENCE</b> </div> 12.b. Amount. <b>\$1,000</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>JOINT JOURNEYMEN &amp; APPRENTICE TRUST</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street <b>2220 SOUTH HILL STREET</b>  City <b>LOS ANGELES</b>  State <b>CA</b> ZIP Code + 4 <b>90007</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <b>LABOR TRUSTEE - INSTRUCTOR TRAINING CONFERENCE, ANN ARBOR, MI</b>  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  <b>EXPENSE REIMBURSEMENT FOR CONFERENCE</b>  12.b. Amount. <b>\$2,000</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street  City  State ZIP Code + 4	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.  <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>AIRCONDITIONING &amp; REFRIGERATION RETIREMENT TRUST FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 201</u></p> <p>Street <u>1380 SOUTH SANDERSON AVENUE</u></p> <p>City <u>ANAHEIM</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92806</u></p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing.</p> <p><u>LABOR TRUSTEE - ATTENDANCE AT PENSION CONFERENCE, CHICAGO IL</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>EXPENSE REIMBURSEMENT FOR CONFERENCE</u></p> <p>12.b. Amount. <u>\$2,525</u></p>

Name of Person Filing

JACK FERRARA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PIPING INDUSTRY PROGRESS & EDUCATIONTrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 200Street 501 SHATTO PLACECity LOS ANGELESState CA ZIP Code + 4 90020

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

LABOR TRUSTEE - 2 MEALS AT  
2 DIFFERENT TRUST MEETINGS  
AND 1 MEAL TO DISCUSS A GROUP  
PROJECT

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

3 MEALS

12.b. Amount. \$ 112.77

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.



Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>PIPING INDUSTRY PROGRESS &amp; EDUCATION</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>SUITE 200</b>  Street <b>501 SHATTO PLACE</b>  City <b>LOS ANGELES</b>  State <b>CA</b> ZIP Code + 4 <b>90020</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <b>LABOR TRUSTEE ON TITIS BOARD</b> </div> <b>11.b. Approximate dollar value of such dealing.</b>   <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <b>CHRISTMAS GIFT</b> </div> <b>12.b. Amount.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$179.26</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; min-height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)  Name <b>NATIONAL INSPECTION, TESTING, CERTIFICATION</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>SUITE 201</b>  Street <b>501 SHATTO PLACE</b>  City <b>LOS ANGELES</b>  State <b>CA</b> ZIP Code + 4 <b>90020</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <b>LABOR TRUSTEE - ATTENDANCE AT CONFERENCE</b>  <hr/> 11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  <b>EXPENSES FOR MEAL AND MISC EXPENSE</b>  <hr/> 12.b. Amount. <b>\$93.21</b>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.        
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>NATIONAL INSPECTION, TESTING, CERTIFICATION</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 201</b></p> <p>Street <b>501 SHATTO PLACE</b></p> <p>City <b>LOS ANGELES</b></p> <p>State <b>CA</b> ZIP Code + 4 <b>90020</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>LABOR TRUSTEE</b></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>CHRISTMAS GIFT</b></p>
	<p>12.b. Amount. <b>\$ 44.81</b></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>JACK FERRARA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> _____ <b>11.b. Approximate dollar value of such dealing.</b> _____ <b>12.a. Nature of interest held or income received.</b> _____ <b>12.b. Amount.</b> _____

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>McMORGAN &amp; COMPANY</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <b>SUITE 690</b> Street <b>3500 WEST OLIVE AVENUE</b> City <b>BURBANK</b> State <b>CA</b> ZIP Code + 4 <b>91505</b>	<b>14.a. Nature of payment.</b> <b>FOUR FOOTBALL TICKETS</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <b>\$360.00</b>